

**DEPARTMENT OF JUVENILE SERVICES**  
**FACILITIES CAPITAL PROGRAM**

**FY 2010 APPLICATION REQUEST**

PRINT OR TYPE

**COVER PAGE**

**1** FISCAL YEAR FUNDING REQUEST: \_\_\_\_\_ **2** DATE OF SUBMISSION: \_\_\_\_\_

**3** NAME OF APPLICANT: \_\_\_\_\_

**4** ADDRESS OF APPLICANT: \_\_\_\_\_

**5** COUNTY: \_\_\_\_\_

**6** NAME AND TITLE OF CONTACT: \_\_\_\_\_

**7** APPLICANT'S TAXPAYER IDENTIFICATION NO: \_\_\_\_\_

**8** TELEPHONE NO. (INCL. AREA CODE): \_\_\_\_\_

**9** TITLE AND DESCRIPTION OF PROPOSED PROJECT: \_\_\_\_\_

**10** TYPE OF OWNERSHIP: 10a. PUBLIC \_\_\_\_\_ 10b. NON-PROFIT \_\_\_\_\_ 10c. FOR-PROFIT \_\_\_\_\_  
(INCLUDE IRS STATUS)

**11** CURRENT TARGET POPULATION: \_\_\_\_\_

**12** CURRENT YOUTH SERVED: \_\_\_\_\_ **12a.** ADP YOUTH SERVED: \_\_\_\_\_

**13** DJS YOUTH SERVED: \_\_\_\_\_ **13a.** ADP DJS YOUTH SERVED: \_\_\_\_\_

**14** AT-RISK YOUTH SERVED: \_\_\_\_\_ **14a.** ADP AT-RISK YOUTH: \_\_\_\_\_

**15** PROGRAM POPULATION PROJECTIONS: \_\_\_\_\_

**16** FUTURE NUMBERS SERVED: \_\_\_\_\_ **16a.** ADP – FUTURE SERVED: \_\_\_\_\_

**17** FUTURE NUMBER DJS YOUTH: \_\_\_\_\_ **17a.** ADP FUTURE DJS SERVED: \_\_\_\_\_

**18** FUTURE NUMBER AT-RISK SERVED: \_\_\_\_\_ **18a.** ADP FUTURE AT-RISK: \_\_\_\_\_

**19** TYPE OF PROJECT (*Check all that apply below 20-25*):

**20** ACQUISITION \_\_\_\_\_ **21** LAND \_\_\_\_\_ **22** DESIGN \_\_\_\_\_

**23** CONSTRUCTION \_\_\_\_\_ **24** RENOVATION \_\_\_\_\_ **25** EQUIPPING \_\_\_\_\_

**26** TOTAL COST OF PROJECT \$ \_\_\_\_\_ (*Line 97 from Financial Statement*)

**27** APPLICANT'S FUNDS \$ \_\_\_\_\_ = \_\_\_\_\_ % of total project cost

**28** OTHER FUNDS (Available/Requested) \$ \_\_\_\_\_ = \_\_\_\_\_ % of total project cost

**29** TOTAL STATE FUNDS REQUESTED \$ \_\_\_\_\_ = \_\_\_\_\_ % of total project cost

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**30. PROJECT SUMMARY:**

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**31. PROGRAM STATEMENT:**

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**32. PROJECT JUSTIFICATION:**

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**33. PROJECT DESCRIPTION:**

# DEPARTMENT OF JUVENILE SERVICES

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#### COST ESTIMATE WORKSHEET

34 Project Title: \_\_\_\_\_

35 Name of Institution \_\_\_\_\_ 36 Location: \_\_\_\_\_

37 Est. Reference Pt. \_\_\_\_\_

38 Estimate Date: \_\_\_\_\_ 39 Design Phase: ☐ Budget ☐ SD ☐ DD ☐ 50% CD ☐ 95% ☐ 100% C

40 Prepared By: \_\_\_\_\_

41 Estimated Bid date: \_\_\_\_\_ 42 Estimated Mid-Pt. Of Construction: \_\_\_\_\_

43 Project Type ☐ NEW ☐ RENOV ☐ MAJOR ☐ MINOR ☐ SITE ☐ UTIL \_\_\_\_\_

44 Project Description: \_\_\_\_\_

\_\_\_\_\_

	Renovation	New		
45 Area (gross)	46 Bsmt _____	_____	53 Total NSF	_____
	47 1 <sup>st</sup> _____	_____	54 Total GSF	_____
	48 2 <sup>nd</sup> _____	_____	55 Efficiency Factor (GSF/NSF)	_____
	49 3 <sup>rd</sup> _____	_____		
	50 4 <sup>th</sup> _____	_____	68 Utilities:	
	51 5 <sup>th</sup> _____	_____	69	_____
	52 Total _____	_____	70	_____
56 Structure:			71	_____
57 Facility: _____ sf x		_____	72	_____
58 Maint bldgs _____ sf x		_____	73	_____
59 Basic Cost-misc		_____	74	_____
60 Built in Equip		_____	75 Subtotal (Lines 68-74):	_____
61 Demolition:		_____	76 Escalation to Mid-Pt.	_____
62 Other:		_____	77 Subtotal (bid cost):	_____
63 Subtotal (Lines 57..62)		_____	78 Contingencies: 10.0%	_____
64 Escalation to Mid-Pt:		_____	79 Subtotal:	_____
65 Subtotal (bid cost)		_____		
66 Contingencies: 10.0%		_____		
67 Subtotal:		_____		
80 Site:		_____		
81		_____		
82		_____	90 Subtotal (lines 67+79+89):	_____
83		_____	91 A/E Fees	_____
84		_____	92 Inspection & Testing	_____
85 Subtotal (Lines 80..84):		_____	93 Misc.: _____	_____
86 Escalation to Mid-Pt.		_____	94 Moveable Equip:	_____
87 Subtotal:		_____	95 TOTAL PROJECT COST:	_____
88 Contingencies: 10.0%		_____		
89 Subtotal:		_____		

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**FINANCIAL STATEMENT**

*Cost Estimate Worksheet (Page 6) MUST be completed before filling out this page*

96.	Costs in which State Government may participate:	
97.	Total Project Cost (Line 95 from Cost Estimate Worksheet [page 6])	\$
98.	Federal Grant Amount	\$
99.	Other Grant Amount (County, Local or Private)	\$
100.	Total Grant Amount (Line 98 plus Line 99)	\$
101.	Eligible Project Costs (Line 97 minus Line 100)	\$
102.	State Funds Requested _____ % of Line 101\$ (Maximum not more than 50% of Line 101)	_____
<b>103. Costs in which State Government <u>may not</u> participate:</b>		
104.	Closing Costs	\$
105.	Non-Capital Equipment	\$
106.	Attorney's Fees	\$
107.	Off-Site Improvements	\$
108.	Land Site Cost for New Construction	\$
109.	Fund Raising Expenses	\$
110.	Maintenance Expenses	\$
111.	Miscellaneous 'Soft' Costs	\$
<b>112. Financial Information (Anticipated)</b>		
113.	Cash	\$
114.	Gifts and Donations	\$
115.	Mortgage	\$
116.	Appropriations	\$
117.	State Funds (from Line 102)	\$
118.	Federal	\$
119.	Local	\$
120.	Other-specify	\$
121.	Other-specify	\$
122.	<b>Total Financial Resources</b> (Must Equal Line 97)	\$

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#### OPERATING COST PROJECTION

123. Revenues	Current Budget	Year 1 Anticipated Program
124. Medicaid	\$ _____	\$ _____
125. Medicare	\$ _____	\$ _____
126. Other Insurance	\$ _____	\$ _____
127. Entitlement Program	\$ _____	\$ _____
128. Federal Grants	\$ _____	\$ _____
129. Other Grants	\$ _____	\$ _____
130. DJS	\$ _____	\$ _____
131. DHMH	\$ _____	\$ _____
132. County/Local	\$ _____	\$ _____
133. Other (specify)	\$ _____	\$ _____
134. Private Donations	\$ _____	\$ _____
135. Client Fees	\$ _____	\$ _____
136. Other (specify)	\$ _____	\$ _____
<b>137. TOTAL (Line 124-136)</b>	\$ _____	\$ _____
<b>138. Expenses</b>		
139. Salaries, Wages + Fringe Benefits	\$ _____	\$ _____
140. Rent/Mortgage	\$ _____	\$ _____
141. Communications	\$ _____	\$ _____
142. Fuel and Utilities	\$ _____	\$ _____
143. Motor Vehicles/Transportation	\$ _____	\$ _____
144. Medical Services	\$ _____	\$ _____
145. Office Supplies/Materials	\$ _____	\$ _____
146. Equipment	\$ _____	\$ _____
147. Food	\$ _____	\$ _____
148. Building Maintenance	\$ _____	\$ _____
149. Other (specify)	\$ _____	\$ _____
<b>150. TOTAL (Line 139-149)</b>	\$ _____	\$ _____

*Note: Do not include capital funds, (those funds for the construction, renovation or equipping of facilities), in the operating budget cost project information.*

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#### OPERATING COST PROJECTION (continued Yr 2-Yr 4)

		Year 2 Anticipated Program	Year 3 Anticipated Program	Year 4 Anticipated Program
<b>123.</b>	<b>Revenues</b>			
124.	Medicaid	\$	\$	\$
125.	Medicare	\$	\$	\$
126.	Other Insurance	\$	\$	\$
127.	Entitlement Program	\$	\$	\$
128.	Federal Grants	\$	\$	\$
129.	Other Grants	\$	\$	\$
130.	DJS	\$	\$	\$
131.	DHMH	\$	\$	\$
132.	County/Local	\$	\$	\$
133.	Other (specify)	\$	\$	\$
135.	Client Fees	\$	\$	\$
136.	Other (specify)	\$	\$	\$
<b>137.</b>	<b>TOTAL (Line 124-136)</b>	\$	\$	\$
<b>138.</b>	<b>Expenses</b>			
139.	Salaries, Wages + Fringe	\$	\$	\$
140.	Rent/Mortgage	\$	\$	\$
141.	Communications	\$	\$	\$
142.	Fuel and Utilities	\$	\$	\$
143.	Motor Vehicles/Transport	\$	\$	\$
144.	Medical Services	\$	\$	\$
145.	Office Supplies/Material	\$	\$	\$
146.	Equipment	\$	\$	\$
147.	Food	\$	\$	\$
148.	Building Maintenance	\$	\$	\$
149.	Other (specify)	\$	\$	\$
<b>150.</b>	<b>TOTAL (Line 139-149)</b>	\$	\$	\$

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**151. LISTING OF ALL PRINCIPALS:**

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**AFFIDAVIT OF COMPLIANCE**

Legal Name of Applicant:

Address:

I hereby certify that all documentation and statements made in connection with this application are correct to the best of my knowledge and belief. I also certify that all construction, plans and specifications shall comply with all Federal, State and local laws and requirements. The Regulations governing the use of the Maryland Department of Juvenile Justice Facilities Capital Program funds shall be complied with.

REGULATION NO. (16.02.01)

Name and Title of Authorized Officer

Signature

Date

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**ATTACHMENT “A”**

This Attachment “A”, in addition to the Juvenile Justice Facilities Capital Grant Program FY 2010 Application Request, comprises the formal application for this program. Please address each of the following requests for information, providing as much detail and specifics as possible.

1. If any of the services/programs provided by your organization are contracted out, please describe the services, their purpose and associated staffing.
2. What is the geographical catchment area for youth/families that are to be provided services by your organization?
3. Please list all of the local, state and federally mandated licenses and certifications that you possess that are required in regard to the services provided by your agency.
4. Please describe the process of how youth/families are referred to your organization.
5. From whom and how many referrals did you receive this past fiscal year (FY 08), current fiscal year (FY 09) and the next projected fiscal year (FY 10)?
6. What are the outcome and performance measures used to evaluate and assess the delivery of services provided by your organization? Also, state the unit of measure used for your evaluation.
7. How many DJS referrals did your organization accept and decline for the past and current fiscal years?
8. Provide a net and gross square footage summary of all existing program and support spaces in your existing facility.
9. Provide a net and gross square footage summary of all new program and support spaces in your proposed facility if they are included in your current request.
10. Does your current grant request (FY 2010) reflect a phased renovation/new construction schedule, and if so, explain how it is reflected in your facility master plan.
11. If you plan to provide new services to youth and families, please describe them and their purpose.
12. Is your program/facility supported by the community, and if so, how?

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#### APPLICATION CHECKLIST

Complete pages 2 - 10 of the application using the following outline. Indicate that the following components are included in the application, referencing page number(s). If no, state reason on a separate sheet of paper.

	Yes	No
<b>Cover Page</b> - page 1	_____	_____
<b>Project Summary</b> - page 2	_____	_____
<b>Program Statement</b> - page 3	_____	_____
- Mission Statement	_____	_____
- Services/Target Population/Number of DJS Youth Served	_____	_____
- Staffing Pattern	_____	_____
- Continuity of Services	_____	_____
- <b>Project Justification</b> - page 4	_____	_____
- General Outline	_____	_____
- Goals and Objectives	_____	_____
- Related Projects	_____	_____
<b>Project Description</b> - page 5	_____	_____
- Purpose	_____	_____
- Physical Characteristics - Location	_____	_____
- Legal Description /Opinion	_____	_____
- Plat Plan/Boundary Survey	_____	_____
- Soil Investigation Report (new construction only)	_____	_____
- Water & Sewer Assurance	_____	_____
- Zoning Approval	_____	_____
- Consistency with Adjacent Land Uses and	_____	_____
- Conformity with Master Plans	_____	_____
- Description of Work	_____	_____
- Transportation Access	_____	_____
- Time Frame	_____	_____
- Cost - Operating Budget/Matching Funds	_____	_____
<b>Financial Statements</b>		
- Cost Estimate Worksheet - page 6	_____	_____
- Preliminary Equipment List	_____	_____
- Financial Statement - page 7	_____	_____
- Supporting Documentation for Matching Funds	_____	_____
- IRS Letter indicating non-profit status (if applicable)	_____	_____
- Operating Cost Projection - page 8	_____	_____
- Statement of Commitment	_____	_____
- Personnel Staffing and Organizational Chart	_____	_____
- Schedule of Rates Charged and to be Charged	_____	_____
<b>Additional Information</b>		
- Listing of all Principals - page 10	_____	_____
- Affidavit of Compliance - page 11	_____	_____
- Recommendation letter from Local Management Board	_____	_____